

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/589922 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	2		/			
4	2		/			
5	0		/			
6	8		/			
7						
8	1		/	/		
9	1		/			
10	2		/			
11	2		/			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	1		/			
17						
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20	6		/			
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	22	←	18	←		←
TOTAL CLAIMS	24	████	20	████		████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS		████		████		████